

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kathryn Hensley
 Name

(2) 117 NE Surfside Ave
 Address (number and street)
Port St Lucie, FL 34983
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1129419]

Submitted on:
 10/7/2016 12:31:30 (eastern)

Check here if address has changed

(3) ID Number: 288

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, District 4
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 26 / 2016 To 11 / 27 / 2016 Report Type: P-TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 13 , 732 . 77

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 13 , 732 . 77

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 20 , 970 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 20 , 970 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kathryn Hensley (2) I.D. Number 288

8/26/2016 through 11/27/2016

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|-------------|--|--|--|-----------------------------|--------------------------------|-------------------|----------------|
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kathryn Hensley

(2) I.D. Number 288

(3) Cover Period 8/26/2016 through 11/27/2016

(4) Page 1 of 1

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| 8/26/2016 // | Orange Bloom, 101 N 2nd St Ft Pierce, Fl 34950 | victory party | MO | | \$200.00 |
| 1 | | | | | |
| 9/20/2016 // | HANDS Clinic, 3855 S US 1 Ft Pierce, Fl 34982 | donation | MO | | \$2,000.00 |
| 2 | | | | | |
| 9/20/2016 // | SLC Education Foundation, 4204 Okeechobee Rd Ft Pierce, Fl 34947 | donation | MO | | \$1,500.00 |
| 3 | | | | | |
| 9/21/2016 // | Hensley, Kathryn 117 NE Surfside Ave PSL, Fl 34983 | repayment of loan | RM | | \$10,000.00 |
| 4 | | | | | |
| 9/21/2016 // | Hensley, Kathryn 117 NE Surfside Ave PSL, Fl 34983 | misc expenses | MO | | \$32.77 |
| 5 | | | | | |
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